

HASBROUCK HEIGHTS PUBLIC SCHOOLS

REGISTRATION FORM

Student's Name: _____

_____ SECTION A: If the student is living with a parent or guardian whose permanent home is the address listed on page 1 of this application and is located in the district.

_____ SECTION B: If the student is living with a person domiciled in the district, other than the parent or guardian. ("Affidavit Student")

_____ SECTION C: If the student is living with a parent or guardian temporarily residing within the district.

_____ SECTION D: If the student's situation is not addressed by Section A,B or C or if any of the circumstances in Section D apply (Special Circumstances)

Please check the appropriate section A,B,C or D, according to the situation best matching the student's circumstance.

If you have any questions regarding the completion of the attached forms kindly contact:

Mrs. D. Braitsch - High School 201-393-8155
Ms. P. Carlin - Lincoln School 201-393-8182

Ms. D. Van Hook - Middle School 201-393-8170
Mrs. Connie Romano - Euclid School 201-393-8176

REGISTRATION FORM

Date: _____ School: _____

Student: _____
Last Name First Name Middle Name

Age: _____ Date of Birth: _____ Male: _____
Female: _____

City of Birth: _____ State of Birth: _____

Country of Birth (if other than the USA): _____

If not born in the United States, date child first entered the U.S.: _____

Race (please check): Hispanic _____ American Indian _____
Asian _____ Black _____
Pacific Islander _____ White _____

Name of Parent(s)/Guardian(s): _____

Person Enrolling Student: _____

Relationship to Student If Other Than Parent: _____

Child Lives With (circle one): Both parents Mother Father Guardian

Student's Physical Address: _____

Mailing Address (if different): _____

Home Telephone (Including Area Code): _____

Other Phone or Fax (if any): _____

Parent(s)/Guardian(s) Physical Address: _____

Mailing Address (if different): _____

Are you and your child currently homeless? _____

Home Telephone (including area code): _____

Other Phone or Fax (if any): _____

Native Language of Parent/Guardian/Person Enrolling Student: _____

Is English Spoken and Understood By Parent/Guardian/Person Enrolling Student? Yes _____
No _____

Native Language of Student: _____

Is English Spoken and Understood By Student? Yes _____ No _____

Is your child currently covered by Health Insurance? Yes _____ No _____

If yes, who is his/her health care provider? _____

NO My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Child's Name: _____

Signature (Parent): _____

Printed Name (Parent): _____

Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).

Date of your child's last medical examination (attach proof): _____

Date of your child's last dental examination (attach proof): _____

Date of your child's last lead test: _____

Lead Level: _____

Date of your child's polio immunization: _____

Proof of Residency: (**Original** of one document required; #6 requires additional documentation)

- | | |
|----------------------------|--|
| 1. Property Tax Bill _____ | 4. Lease _____ |
| 2. Deed _____ | 5. Mortgage _____ |
| 3. Contract of Sale _____ | 6. Signed Letter From Landlord (Notarized) _____ |

How long have you lived in this residence? _____

Please bring **four original** forms of proof as evidence of personal attachment to the address given as your residence. The following will be accepted for consideration: Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:

1. _____
2. _____
3. _____
4. _____

Student Information (all originals):

Birth Certificate _____

Transfer Card _____

Immunization Record _____

Most Recent Report Card _____

Name & Address of Previous School : _____

Educational Services — Previous School

Classified Student _____

504 Student _____

Speech/Language _____

Basic Skills Instruction _____

ESL Program _____

PAC Program _____

Other Program Offerings _____

Explain:

If High School student, list athletic teams in which you have participated:

1. _____

2. _____

3. _____

4. _____

Signature of person enrolling student: _____

(For Administrative Use Only)

School Placement & Grade

Euclid School Grade _____

Lincoln School Grade _____

Middle School Grade _____

High School Grade _____

Out of District Placement _____

Pre-School _____

Special Services (Explain): _____

Application Processed by: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent of Schools: _____ Date: _____